

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-012530

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3224

FILED APR 6 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis, Missouri

Length of stay in lb

2 yrs.

c. FULL NAME OF (If NOT in hospital, give location)

Alexian Brothers Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY

OR TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

2104a So. 9th St.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Nick Wesley Carter

4. DATE OF DEATH

Month

Day

Year

March 23, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11/13/1912

9. AGE (last birthday)

49

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Checker

10b. KIND OF BUSINESS OR INDUSTRY

Trucking Co.

11. BIRTHPLACE (City and state or country)

Hardin Co., Ill.

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

Frank Carter

13b. MOTHER'S MAIDEN NAME

Margaret DeSherlia

14. NAME OF HUSBAND OR WIFE

Norma

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Norma Carter, 2104a So. 9th St.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction

DUE TO (b)

3-7762

DUE TO (c)

420.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Myeloma: Pernicious Anemia

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Month, Day, Year

Hour

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 9, 1961, to Mar. 23, 1962, and last saw him alive on July 20, 1961

Death occurred at 8:00 P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Clement J. Seelbach, M.D.

22b. ADDRESS

4161 Laidlaw St. Loring, Ill.

22c. DATE SIGNED

3-24-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

3-27-62

23c. NAME OF CEMETERY OR CREMATORY

Upper Alton Cemetery

23d. LOCATION (City, town, or county)

Alton, Ill.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Streeper Funeral Home, Alton, Illinois.

25. DATE RECD BY LOCAL REG.

MAR 26 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1

2 223

3

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50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Robert M. Murray

Licensed Embalmer No.

3749

P. O. Address

St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.